

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

**Corey L. Bryant
Vernetta Favor Bryant**

Debtor,

)
)
) **Case No.: 15-03262-dd**
) **Chapter 13**
) **Statement of Change**
)
)
)

In accordance with Bankruptcy Rule 1009 and Local Rule 1009-1, the undersigned hereby amends Schedules E/F,

1. Amended Schedule E/F

Amended Schedule E/F to add creditor,
SC DEPT OF SOCIAL SERVICES

Date: March 24, 2017

/s/ J. Steven Huggins
Signature of Attorney

/s/ J. Steven Huggins
The Huggins Law Firm, PA
PO Box 7547
Columbia, SC 29202
(803) 764-1558

7089
District Court I.D. Number

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

Corey L. Bryant

Vernetta Favor Bryant

Debtor,

)
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)
)
)

Case No.: 15-03262-dd

Chapter 13

Statement of Change

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE PROPERLY SERVED
THE FOREGOING NOTICE OF AMENDED SCHEDULES E/F TO ALL INTERESTED
PARTIES LISTED BELOW VIA REGULAR MAIL, POSTAGE PREPAID.

Pamela Simmons-Beasley, via (CM/ECF)
Chapter 13 Trustee

Corey L. Bryant
Vernetta Favor Bryant
1013 Camp Creek Court
Elgin, SC 29045

SEE ATTACHED LIST

Date: March 24, 2017

/s/ Christina Freeman
Bankruptcy Paralegal
The Huggins Law Firm, PA
PO Box 7547
Columbia, SC 29202

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:

Corey L. Bryant
Vernetta Favor Bryant

Debtor,

Case No.: 15-03262-dd
Chapter 13

Declaration Concerning Debtor's Schedules

I declare that I have read the foregoing amended schedules, and it is true and correct to the best of my knowledge, information, and belief.

Date: March 24, 2017

/s/ Corey L. Bryant
Debtor

/s/ Vernetta Favor Bryant
Joint Debtor

Label Matrix for local noticing 0420-3 Case 15-03262-dd District of South Carolina Columbia Fri Mar 24 12:15:01 EDT 2017	Capital One Auto Finance, a division of Capital One Ascension Capital Group c/o Ascension Capital Group P.O. Box 201347 Arlington, TX 76006-1347	Educational Credit Management Corporation P.O. Box 16408 St. Paul, MN 55116-0408
Richland County Treasury P O Box 11947 Columbia, SC 29211-1947	South Carolina Department of Employment and R. E. David Building P.O. Box 8597 Columbia, SC 29202-8597	U.S. BANK NATIONAL ASSOCIATION 14841 Dallas Parkway, Suite 300 Dallas, TX 75254-7883
J. Bratton Davis United States Bankruptcy Courthouse 1100 Laurel Street Columbia, SC 29201-2423	ASHLEY FORD 332 WHITE GABLES DRIVE Columbia SC 29229-7160	ASHRO/SWISS COLONY 1515 S. 21ST STREET Clinton IA 52732-6676
ATTORNEY GENERAL OF UNITED STATES 950 PENNSYLVANIA, NW Washington DC 20530-0009	AUTOMONEY, INC. 10305 TWO NOTCH ROAD Columbia SC 29229-4396	American InfoSource LP as agent for Verizon PO Box 248838 Oklahoma City, OK 73124-8838
Ashley Funding Services, LLC its successors assigns as assignee of Laboratory Corporation of America Holdings Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587	Ashro Lifestyle c/o Creditors Bankruptcy Service P.O. Box 800849 Dallas, TX 75380-0849	Atlas Acquisitions LLC 294 Union St. Hackensack, NJ 07601-4303
AutoMoney, Inc of Two Notch #2 450 Meeting Street Charleston, SC 29403-5522	BellSouth Telecommunications, Inc. % AT&T Services, Inc Karen A. Cavagnaro - Lead Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921-2693	CAPITAL ONE AUTO FINANCE PO BOX 259407 Plano TX 75025-9407
CAPITAL ONE BANK PO BOX 30281 Salt Lake City UT 84130-0281	CHILD SUPPORT ENFORCEMENT DIVISON BANKRUPTCY REPORTING CONTACT PO BOX 1469 COLUMBIA SC 29202-1469	(p)PROFESSIONAL RECOVERY CONSULTANTS INC 2700 MERIDIAN PARKWAY SUITE 200 DURHAM NC 27713-2450
Capital One Auto Finance c/o Ascension Capital Group P.O. Box 201347 Arlington, TX 76006-1347	ECMC PO Box 16408 St Paul MN 55116-0408	EDUCATION CREDIT MANAGEMENT 1 IMATION PLACE Saint Paul MN 55128-3422
FIRST PREMIER BANK 601 S. MINNESOTA AVE Sioux Falls SD 57104-4868	IRS PO BOX 7346 Philadelphia PA 19101-7346	KAY JEWELERS 375 GHENT ROAD Akron OH 44333-4600
MERCHANTS ADJ SERVICE PO BOX 7511 Mobile AL 36670-0511	MIDLAND FUNDING 8875 AERO DRIVE STE 200 San Diego CA 92123-2255	Midland Credit Management, Inc as agent for Midland Funding LLC PO Box 2011 Warren, MI 48090-2011

NORTHWEST COLLECTORS
3601 ALGONQUIN ROAD
STE 232
Rolling Meadows IL 60008-3143

PARAGON REVENUE GROUP
PO BOX 127
Concord NC 28026-0127

PARAMOUNT CAPITAL GROUP
300 CONSHOHOCKEN STATE
STE 240
Conshohocken PA 19428-3801

PINNACLE CREDIT SERVICES
PO BOX 640
Hopkins MN 55343-0640

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

Quantum3 Group LLC as agent for
Sadino Funding LLC
PO Box 788
Kirkland, WA 98083-0788

RECEIVABLES MANAGEMENT CORP
1601 SHOP ROAD STE D
Columbia SC 29201-4855

RICHLAND COUNTY
PO BOX 11947
Columbia SC 29211-1947

RICHLAND COUNTY FAMILY COURT
PO BOX 192
Columbia SC 29202-0192

S.C. Student Loan Corp
P.O Box 102425
Columbia, SC 29224-2425

SC DEPT OF REVENUE
PO BOX 12265
Columbia SC 29211-2265

SC STATE HOUSING FINANCE
PO BOX 2326
Columbia SC 29202-2326

(p)SC STUDENT LOAN CORP
PO BOX 102423
COLUMBIA SC 29224-2423

SOUTHERN AUTOMOTIVE FINANCE
1201 W. CYPRESS CREEK ROAD
STE 200
Fort Lauderdale FL 33309-1910

SOUTHWEST CREDIT SYSTEMS
4120 INTERNATIONAL PKWY
Suite 1100
Carrollton TX 75007-1958

(p)SCANA AND SUBSIDIARIES
220 OPERATION WAY
MAIL CODE C 222
CAYCE SC 29033-3701

Southern Auto Finance Company
6700 N. Andrews Ave, Ste 500
Ft. Lauderdale, FL 33309-2199

THE CBE GROUP
PO BOX 126
Waterloo IA 50704-0126

THE HUGGINS LAW FIRM, PA
PO BOX 7547
Columbia SC 29202-7547

(p)US BANK
PO BOX 5229
CINCINNATI OH 45201-5229

U.S. Department of Housing and Urban Develop
451 7th Street S.W.
Washington, DC 20410-0002

UNIVERSITY OF PHOENIX
4615 E. ELWOOD STREET
Phoenix AZ 85040-1908

US ATTORNEY'S OFFICE
ATTN: DOUG BARNETT
1441 MAIN STREET
SUITE 500
Columbia SC 29201-2862

US BANK HOME MORTGAGE
4801 FREDERICA STREET
Owensboro KY 42301-7441

VERIZON WIRELESS
PO BOX 26055
Minneapolis MN 55426-0055

Wells Fargo Bank, N.A
P.O. Box 45038 MAC Z3057012
Jacksonville, FL 32232-5038

Corey L. Bryant
1013 Camp Creek Court
Elgin, SC 29045-9125

J. Steven Huggins
The Huggins Law Firm, PA
PO Box 7547
Columbia, SC 29202-7547

Pamela Simmons-Beasley
250 Berryhill Road
Suite 402
Columbia, SC 29210-6466

US Trustee's Office
Strom Thurmond Federal Building
1835 Assembly Street
Suite 953
Columbia, SC 29201-2448

Vernetta Favor Bryant
1013 Camp Creek Court
Elgin, SC 29045-9125

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

CREDIT FINANCIAL SERVICE
3800 GUESS ROAD
Durham NC 27705

PORTFOLIO RECOVERY ASSOCIATES
120 CORPORATE BLVD
STE 100
Norfolk VA 23502

SC STUDENT LOAN CORP
PO BOX 21487
Columbia SC 29221

South Carolina Electric & Gas SCE&G
220 Operation Way, Mail Code C222
Cayce, SC 29033

U.S. Bank National Association
c/o U.S. Bank Home Mortgage
A Division of US Bank NA
4801 Frederica St
Owensboro, KY 42301

End of Label Matrix	
Mailable recipients	60
Bypassed recipients	0
Total	60

Fill in this information to identify your case:

Debtor 1 **Corey L. Bryant**
First Name Middle Name Last Name

Debtor 2 **Vernetta Favor Bryant**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **15-03262**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div>2.1</div> <div> ASHLEY FORD <small>Priority Creditor's Name</small> 332 WHITE GABLES DRIVE Columbia, SC 29229 <small>Number Street City State Zip Code</small> </div> <div> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> <div> Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ </div>	\$0.00	\$0.00	\$0.00

NOTICE ONLY

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

2.2	CHILD SUPPORT ENFORCEMENT DIVISION Priority Creditor's Name BANKRUPTCY REPORTING CONTACT PO BOX 1469 Columbia, SC 29202 Number Street City State Zip Code	Last 4 digits of account number _____ \$0.00 \$0.00 \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
NOTICE ONLY		

2.3	IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number _____ \$10,023.00 \$10,023.00 \$0.00 When was the debt incurred? 2012, 2013, 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Unsecured Federal Income Taxes		

2.4	RICHLAND COUNTY FAMILY COURT Priority Creditor's Name PO BOX 192 Columbia, SC 29202 Number Street City State Zip Code	Last 4 digits of account number _____ \$0.00 \$0.00 \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
NOTICE ONLY		

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

2.5	SC DEPT OF REVENUE Priority Creditor's Name PO BOX 12265 Columbia, SC 29211 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,969.00	\$1,969.00	\$0.00
	When was the debt incurred? 2012, 2013, 2014	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unsecured State Tax		

2.6	THE HUGGINS LAW FIRM, PA Priority Creditor's Name PO BOX 7547 Columbia, SC 29202 Number Street City State Zip Code	Last 4 digits of account number _____ \$2,500.00	\$2,500.00	\$0.00
	When was the debt incurred? 06/2015	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions ATTORNEY FEES		
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.1	ASHRO/SWISS COLONY Nonpriority Creditor's Name 1515 S. 21ST STREET Clinton, IA 52732 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1679</u> When was the debt incurred? <u>10/2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CHARGE OFF</u>	\$311.00
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4.2	CAPITAL ONE AUTO FINANCE Nonpriority Creditor's Name PO BOX 259407 Plano, TX 75025 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6155</u> When was the debt incurred? <u>02/2011</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Repossession Deficiency</u>	\$3,219.00
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4.3	CAPITAL ONE BANK Nonpriority Creditor's Name PO BOX 30281 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8819</u> When was the debt incurred? <u>08/2010</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CHARGE OFF</u>	\$899.00
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Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.4	CREDIT FINANCIAL SERVICE Nonpriority Creditor's Name 3800 GUESS ROAD Durham, NC 27705 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1940</u> \$89.00 When was the debt incurred? <u>07/2011</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections - CENTA MEDICAL GROUP</u>
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4.5	EDUCATION CREDIT MANAGEMENT Nonpriority Creditor's Name 1 IMATION PLACE Saint Paul, MN 55128 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6472</u> \$723.00 When was the debt incurred? <u>07/2012</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Collections - CHASE/JP MORGAN CHASE BANK</u>
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4.6	FIRST PREMIER BANK Nonpriority Creditor's Name 601 S. MINNESOTA AVE Sioux Falls, SD 57104 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9401</u> \$442.00 When was the debt incurred? <u>05/2009</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CHARGE OFF</u>
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Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.7	IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE ONLY
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4.8	IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$5,000.00 When was the debt incurred? 2009, 2011 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured Federal Income Taxes
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4.9	MERCHANTS ADJ SERVICE Nonpriority Creditor's Name PO BOX 7511 Mobile, AL 36670 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5598 \$92.00 When was the debt incurred? 08/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections - IMAGECARE
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Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.1
0

MIDLAND FUNDING

Nonpriority Creditor's Name

**8875 AERO DRIVE
STE 200
San Diego, CA 92123**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5324**

\$295.00

When was the debt incurred? **09/2012**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collections - TMOBILE**

4.1
1

NORTHWEST COLLECTORS

Nonpriority Creditor's Name

**3601 ALGONQUIN ROAD
STE 232
Rolling Meadows, IL 60008**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6949**

\$133.00

When was the debt incurred? **03/2012**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collections - COLUMBIA ASC LLC**

4.1
2

PARAGON REVENUE GROUP

Nonpriority Creditor's Name

**PO BOX 127
Concord, NC 28026**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2399**

\$361.00

When was the debt incurred? **11/2011**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collections**

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.1 3	PARAMOUNT CAPITAL GROUP <hr/> Nonpriority Creditor's Name 300 CONSHOHOCKEN STATE STE 240 Conshohocken, PA 19428 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>15</u> \$2,275.00 <hr/> When was the debt incurred? <u>07/2007</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ Student Loan
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4.1 4	PINNACLE CREDIT SERVICES <hr/> Nonpriority Creditor's Name PO BOX 640 Hopkins, MN 55343 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>MZ1</u> \$1,107.00 <hr/> When was the debt incurred? <u>06/2012</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections - FIRST BANK OF DELAWARE
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4.1 5	RECEIVABLES MANAGEMENT CORP <hr/> Nonpriority Creditor's Name 1601 SHOP ROAD STE D Columbia, SC 29201 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4927</u> \$35.00 <hr/> When was the debt incurred? <u>09/2014</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Collections - CAROLINAS DERMATOLOGY
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Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.1
6

RICHLAND COUNTY

Nonpriority Creditor's Name

PO BOX 11947

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.1
7

SC DEPT OF REVENUE

Nonpriority Creditor's Name

PO BOX 12265

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

4.1
8

SC DEPT OF SOCIAL SERVICES

Nonpriority Creditor's Name

1535 CONFEDERATE AVENUE EXT.

PO BOX 1520

Columbia, SC 29202

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

6429

\$1,041.00

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **OVERPAYMENT**

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.1
9

SC STUDENT LOAN CORP

Nonpriority Creditor's Name

**PO BOX 21487
Columbia, SC 29221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6326**

\$614.00

When was the debt incurred? **02/2005**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Student Loan

4.2
0

SC STUDENT LOAN CORP

Nonpriority Creditor's Name

**PO BOX 21487
Columbia, SC 29221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6326**

\$1,745.00

When was the debt incurred? **09/2006**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Student Loan

4.2
1

SOUTHWEST CREDIT SYSTEMS

Nonpriority Creditor's Name

**4120 INTERNATIONAL PKWY
#1100
Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1084**

\$265.00

When was the debt incurred? **10/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collections - TIME WARNER**

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

4.2 2	THE CBE GROUP Nonpriority Creditor's Name PO BOX 126 Waterloo, IA 50704 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3234 When was the debt incurred? 06/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections - DIRECTV QUAD	\$688.00
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4.2 3	UNIVERSITY OF PHOENIX Nonpriority Creditor's Name 4615 E. ELWOOD STREET Phoenix, AZ 85040 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2256 When was the debt incurred? 11/2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ Student Loan	\$2,365.00
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4.2 4	VERIZON WIRELESS Nonpriority Creditor's Name PO BOX 26055 Minneapolis, MN 55426 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3510 When was the debt incurred? 06/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services	\$1,451.00
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Corey L. Bryant**
Debtor 2 **Vernetta Favor Bryant**

Case number (if know) **15-03262**

Name and Address
ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA, NW
Washington, DC 20530

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
PORTFOLIO RECOVERY ASSOCIATES
120 CORPORATE BLVD
STE 100
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8819

Name and Address
US ATTORNEY'S OFFICE
ATTN: DOUG BARNETT
1441 MAIN STREET
SUITE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total Claim
		\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	Total Claim
		\$	11,992.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	Total Claim
Total claims from Part 2		\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	Total Claim
		\$	2,500.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	Total Claim
		\$	14,492.00
Total claims from Part 2	6f. Student loans	6f.	Total Claim
		\$	7,722.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	Total Claim
		\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	Total Claim
Total claims from Part 2		\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	Total Claim
		\$	15,428.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	Total Claim
		\$	23,150.00